

<b>Case Number:</b>	CM14-0218316		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old individual who sustained a work related injury to the shoulder, cervical and lower back region on January 29, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with chronic right rotator cuff tendinitis/impingement, right chronic cervical radiculopathy, chronic cervical disc protrusion at C3, C4, C5, C6, C7 -T1 and degenerative disc disease, right chronic lumbar radiculopathy with degenerative disc disease. A magnetic resonance imaging (MRI) performed on June 26, 2013 noted multiple levels of degenerative disc disease as well as facet arthropathy of the L3-L4, L4-L5, and L5-S1 levels. The facet joints at the L5-S1 were somewhat hypoplastic. There were no surgical interventions noted. The patient continues to experience flare ups of the lower back. According to the physician's progress report on August 18, 2014 the lumbar spine demonstrated mild right spasms with tenderness of the upper, mid and lower paravertebral muscles. The range of motion was noted at flexion 15 degrees, extension 10 degrees with increased pain, right lateral bending at 20 degrees and left lateral bending at 15 degrees. According to the physician's progress report on December 2, 2014, 5 weeks status post a lumbar epidural steroid injection (ESI), the injured worker had complete resolution of the left lower extremity radiating pain with temporary improvement of the back pain. The patient had improvement in activities of daily living and was not taking any pain medication. The injured worker has not returned to work is on temporary total disability (TTD).The physician requested authorization for one (1) bilateral lumbar facet injection at L3-L4, L4-L5, and L5-S1 levels under Fluoroscopy and Myelography. On December 15, 2014 the Utilization Review denied certification for one (1)

bilateral lumbar facet injection at L3-L4, L4-L5, and L5-S1 levels under Fluoroscopy and Myelography. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), Low Back Complaints.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**One bilateral lumbar facet injection at L3-L4, L4-L5, and L5-S1 levels under fluoroscopy and myelography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** The patient presents with back pain across the spine on both sides status post lumbar epidural injection. The current request is for bilateral lumbar facet injection at L3-L4, L4-L5, and L5-S1 levels under Fluoroscopy and Myelography. The treating physician states that the patient has had complete resolution of left lower extremity radiating pain and had improvement of lower back pain, although the back pain has returned. The patient has been able to increase his activity level significantly after receiving the epidural injection such as going on longer walks. The ODG guidelines list criteria for use of therapeutic intra-articular and medial branch blocks as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the treating physician has recommended facet injection of three joint levels. ODG recommends no more than two joint levels be blocked at any one time. The current request is not medically necessary and the recommendation is for denial.